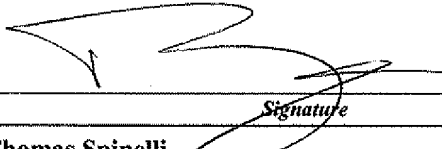


|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                         |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                               |                                 |  |                                                                                                                                                                                                                                                                                    |  |                                                            |  |                                                                        |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|---------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|---------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------|--|------------------------------------------------------------------------|--|
| <b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                         |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                               | Docket No.<br><b>17272</b>      |  |                                                                                                                                                                                                                                                                                    |  |                                                            |  |                                                                        |  |
| Applicant(s): <b>Tsutomu Okada</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                         |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                               |                                 |  |                                                                                                                                                                                                                                                                                    |  |                                                            |  |                                                                        |  |
| Application No.<br><b>10/718,189</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Filing Date<br><b>November 20, 2003</b> | Examiner<br><b>Peter J. Vrettakos</b> | Customer No.<br><b>23389</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Group Art Unit<br><b>3739</b> | Confirmation No.<br><b>9810</b> |  |                                                                                                                                                                                                                                                                                    |  |                                                            |  |                                                                        |  |
| Invention: <b>DIATHERMIC CUTTER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                         |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                               |                                 |  |                                                                                                                                                                                                                                                                                    |  |                                                            |  |                                                                        |  |
| <b>COMMISSIONER FOR PATENTS:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                         |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                               |                                 |  |                                                                                                                                                                                                                                                                                    |  |                                                            |  |                                                                        |  |
| Transmitted herewith is an amendment in the above-identified application.<br>The fee has been calculated and is transmitted as shown below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                         |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                               |                                 |  |                                                                                                                                                                                                                                                                                    |  |                                                            |  |                                                                        |  |
| <b>CLAIMS AS AMENDED</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                         |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                               |                                 |  |                                                                                                                                                                                                                                                                                    |  |                                                            |  |                                                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | CLAIMS REMAINING<br>AFTER AMENDMENT     | HIGHEST #<br>PREV. PAID FOR           | NUMBER EXTRA<br>CLAIMS PRESENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | RATE                          | ADDITIONAL<br>FEE               |  |                                                                                                                                                                                                                                                                                    |  |                                                            |  |                                                                        |  |
| TOTAL CLAIMS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 9 -                                     | 26 =                                  | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | x \$50.00                     | \$0.00                          |  |                                                                                                                                                                                                                                                                                    |  |                                                            |  |                                                                        |  |
| INDEP. CLAIMS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 5 -                                     | 3 =                                   | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | x \$210.00                    | \$420.00                        |  |                                                                                                                                                                                                                                                                                    |  |                                                            |  |                                                                        |  |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                         |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                               | \$0.00                          |  |                                                                                                                                                                                                                                                                                    |  |                                                            |  |                                                                        |  |
| <b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                         |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                               | <b>\$420.00</b>                 |  |                                                                                                                                                                                                                                                                                    |  |                                                            |  |                                                                        |  |
| <input type="checkbox"/> No additional fee is required for amendment.<br><input checked="" type="checkbox"/> Please charge Deposit Account No. <b>191013/SSMP</b> in the amount of <b>\$420.00</b><br><input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.<br><input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account <b>191013/SSMP</b><br><input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.<br><input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.<br><input type="checkbox"/> Payment by credit card. Form PTO-2038. |                                         |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                               |                                 |  |                                                                                                                                                                                                                                                                                    |  |                                                            |  |                                                                        |  |
| <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                         |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                               |                                 |  |                                                                                                                                                                                                                                                                                    |  |                                                            |  |                                                                        |  |
| <br>_____<br><i>Signature</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                         |                                       | Dated: <b>October 29, 2007</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                               |                                 |  |                                                                                                                                                                                                                                                                                    |  |                                                            |  |                                                                        |  |
| <b>Thomas Spinelli</b><br><b>Registration No.: 39,533</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                         |                                       | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">           I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____<br/>           (Date)         </td> </tr> <tr> <td colspan="2" style="text-align: center;">           _____<br/> <i>Signature of Person Mailing Correspondence</i> </td> </tr> <tr> <td colspan="2" style="text-align: center;">           _____<br/> <i>Typed or Printed Name of Person Mailing Correspondence</i> </td> </tr> </table> |                               |                                 |  | I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____<br>(Date) |  | _____<br><i>Signature of Person Mailing Correspondence</i> |  | _____<br><i>Typed or Printed Name of Person Mailing Correspondence</i> |  |
| I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____<br>(Date)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                         |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                               |                                 |  |                                                                                                                                                                                                                                                                                    |  |                                                            |  |                                                                        |  |
| _____<br><i>Signature of Person Mailing Correspondence</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                         |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                               |                                 |  |                                                                                                                                                                                                                                                                                    |  |                                                            |  |                                                                        |  |
| _____<br><i>Typed or Printed Name of Person Mailing Correspondence</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                         |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                               |                                 |  |                                                                                                                                                                                                                                                                                    |  |                                                            |  |                                                                        |  |
| CC:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                         |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                               |                                 |  |                                                                                                                                                                                                                                                                                    |  |                                                            |  |                                                                        |  |